

JUN 12 1943

Registration District No. 141

Primary Registration District No. 3025

State File No.

Registrar's No. 49

1. PLACE OF DEATH:

(a) County: Newport  
(b) City or town: West Plains  
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 2 days  
In this community: 2 days  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

Meda Gilmore

3. (b) If veteran, name war: ✓

3. (c) Social Security No. ✓

4. Sex: 7 5. Color or race: W 6. (a) Single, widowed, married, divorced: m

6. (b) Name of husband or wife: W. Z. Gilmore 6. (c) Age of husband or wife if alive: 84 years

7. Birth date of deceased: March 2 - 1869  
(Month) (Day) (Year)

8. AGE: Years: 74 Months: 0 Days: 12 If less than one day: hr. min.

9. Birthplace: Stall City (City, town, or county) Mo (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: Gas Abernathy

12. Name: Stall City (City, town, or county) Mo (State or foreign country)

13. Birthplace: Walter (City, town, or county) Mo (State or foreign country)

14. Maiden name: Noringer (City, town, or county) Mo (State or foreign country)

15. Birthplace: Frank Gilmore (City, town, or county) Mo (State or foreign country)

16. (a) Informant: Denver, Colo.

(b) Address: 134 R.

17. (a) (Burial, cremation, or removal): Viola, Arkansas (b) Date thereof: 3/19-43 (Month) (Day) (Year)

(c) Place: burial or cremation: West Plains, Mo

18. (a) Signature of funeral director: W. Z. Gilmore

(b) Address: 5-5-43 (c) (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Arkansas (b) County: Fulton  
(c) City or town: Viola  
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No) 2  
If yes, name country:

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: 3 day: 14 year: 1943 hour: 9 minute: 50 P. M.

21. I hereby certify that I attended the deceased from 3/14 to 3/14 1943 that I last saw him alive on 3/14 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial Regurgitation Duration: 10401

Due to: Cardia arrhythmia 7 days

Due to: 11 Fibrillation

Other conditions: (Include pregnancy within 3 months of death) 92 P

Major findings: Of operations: ✓

Of autopsy: ✓

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): ✓  
(b) Date of occurrence: ✓  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury: ✓

23. Signature: Maurice Thompson (M. D. or other) 4/20/43  
Address: West Plains, Mo Date signed: 4/20/43

RECEIVED

District Health Officer No. 5

District File Number

Date Filed

643336  
6-7-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Registered Apprentice No.

working under my personal supervision.

Signed

*D. D. Roberts*

Licensed Embalmer No.

3435

P. O. Address

*West Plains, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.